

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211524124

1.) CORPORATION NAME:

Community Health Alliance

DUE DATE: **11/30/2011**

SCC ID NO: **05871074**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

STEVEN D GRAVELY

1001 HAXALL POINT, 15TH FL

POST OFFICE BOX 1122

5.) STOCK INFORMATION

CLASS

AUTHORIZED

RICHMOND, VA 23218-1122

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2201 WEST BROAD STREET
SUITE 202

CITY/ST/ZIP: RICHMOND, VA 23220-2022

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: MICHAEL MATTHEWS
TITLE: PRES/CEO
ADDRESS: 2201 WEST BROAD STREET
CITY/ST/ZIP/CO: RICHMOND, VA 23220-2022

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OFFICER

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DIRECTOR

NAME: TONI R ARDABELL
TITLE: DIRECTOR
ADDRESS: 5801 BREMO ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23226-

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OFFICER

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DIRECTOR

NAME: RAY COSTABILE
TITLE: DIRECTOR
ADDRESS: DEPT. OF UROLOGY, PO BOX 800422,
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22908-

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OFFICER

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DIRECTOR

NAME: LARRY FITZGERALD
TITLE: DIRECTOR
ADDRESS: PO BOX 800788 MC ADMIN. SUITE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22908-

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OFFICER

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DIRECTOR

NAME: MARY ANNE GRAF
TITLE: DIRECTOR
ADDRESS: 5801 BREMO ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23226-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY, SR HESTER DIRECTOR PO BOX 1449 KILMARNOCK, VA 22482-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SISTER ANNE MARIE MACK TREASURER 5875 BREMO ROAD, SUITE 710 RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN RHEUBAN DIRECTOR PO BOX 800711, MCKIM HALL ROOM G151 CHARLOTTESVILLE, VA 22908-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY SHABAN DIRECTOR 8239 MEADOWBRIDGE RD., SUITE A MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SOK VICE CHAIRMAN 8254 ATLEE ROAD MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SPINE CHAIRMAN 5875 BREMO ROAD, SUITE 603 RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J BERNARD DIRECTOR BON SECOURS RICH HEALTH SYSTEM 5875 BREMO ROAD, SUITE 710 RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W SCOTT BURNETTE DIRECTOR PO BOX 90 SOUTH HILL, VA 23970-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ MICHAEL MATTHEWS</u>		<u>MICHAEL MATTHEWS, PRES/CEO</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			